

Name:	Rita J. Watkins			
Invoice Date:	4/30/2023			
Invoice Period:	April 1-30, 2023			
<b>Detail</b>				
Date	Task(s)	Rate	Total Hours	Total Amount
4/1/2023	Data and policy analysis/writing (T)	\$ 160.00	7	\$ 1,120.00
4/2/2023	Data and policy analysis/writing (T)	\$ 160.00	3.5	\$ 560.00
4/3/2023	Data and policy analysis/writing (T)	\$ 160.00	3	\$ 480.00
4/4/2023	Data and policy analysis/writing. (T) Telecon/monitors. CMR9 data request review	\$ 160.00	5.5	\$ 880.00
4/5/2023	Data and policy analysis/writing. (T) Telecon/monitors	\$ 160.00	9.5	\$ 1,520.00
4/6/2023	Data and policy analysis/writing (EPND)	\$ 160.00	4	\$ 640.00
4/7/2023	Data and policy analysis/writing (EPND)	\$ 160.00	5	\$ 800.00
4/8/2023	Data and policy analysis/writing (EPND)	\$ 160.00	3	\$ 480.00
4/14/2023	Data and policy analysis/writing (T)	\$ 160.00	2	\$ 320.00
4/18/2023	Data and policy analysis/writing (T)	\$ 160.00	2.5	\$ 400.00
4/21/2023	Data and policy analysis/writing (T)	\$ 160.00	2	\$ 320.00
4/25/2023	Data and policy analysis/writing (T)	\$ 160.00	2	\$ 320.00
4/27/2023	Data and policy analysis/writing (T)	\$ 160.00	2.5	\$ 400.00
4/28/2023	Data and policy analysis/writing (EPND)	\$ 160.00	4	\$ 640.00
4/29/2023	Data and policy analysis/writing (EPND)	\$ 160.00	3	\$ 480.00
		\$ 160.00		-
		\$ 160.00		-
		\$ 160.00		-
		\$ 160.00		-
		\$ 160.00		-
<b>TOTAL</b>		<b>58.5</b>	<b>\$</b>	<b>9,360.00</b>

I hereby certify that the amount billed in this invoice is true and correct in my capacity as a member of the Federal Monitoring Team. I further certify that I have not received any income, compensation, or payment for services rendered under a regular employment or contractual relationship with the Commonwealth, or any of its departments, municipalities or agencies.

**Signature:** *Pita J. Watkins*